

Dear Supervising Licensee:

Enclosed you will find the forms necessary to apply for registration as a speech-language pathologist/audiologist (SLP/A) aide. It is strongly suggested that the regulations are read prior to filling out the application. Please complete the application in its entirety, enclose the registration fee and return the requirements to this office. A registration certificate will be mailed to you when all requirements are on file and satisfactory to this office.

Please note the following:

- (a) Applications not completed in their entirety will be returned, minus the applicable fees, which are non-refundable.
- (b) The photograph must be a "passport-style photo."
- (c) A copy of the Diploma (minimum requirement: high school or GED) must be provided.
- (d) We will not accept nicknames, abbreviations, or alterations.
- (e) The home address on the application is considered the address of record. Written notice is needed for any address change.
- (f) All checks/money orders for fees are to be made payable to the Mississippi State Department of Health.
- (g) Our overnight mail address is as follows:

Mississippi State Department of Health  
Professional Licensure - SLP/A  
570 East Woodrow Wilson Blvd.  
Jackson, MS 39216

Please be advised that it is illegal to represent oneself as a speech-language pathologist aide or audiologist aide in Mississippi unless currently registered in accordance with the provisions of these regulations.

If you have any questions regarding the above, please contact my office directly.

Sincerely,

Yolanda Morrow  
Health Program Specialist, Sr.

Speech Pathology and/or Audiology Aide  
**Application for Registration**



**Office Use**

Check No. \_\_\_\_\_

Amount \$ \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ New

**Personal**

Name \_\_\_\_\_ Telephone Number \_\_\_\_ (\_\_\_\_) \_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_  
(Number) (Street)  
\_\_\_\_\_  
(City) (County) (State) (Zip)

Sex: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Race \_\_\_\_\_ SSN \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_

**Supervision**

Supervisor's Name \_\_\_\_\_

Supervisor's License Number \_\_\_\_\_ Telephone Number \_\_\_\_ (\_\_\_\_) \_\_\_\_

Address \_\_\_\_\_  
(Number) (Street) (City) (State) (Zip)

**Education**

1. Initial Applicants: Provide copy of Diploma (high school or GED-minimum requirement)

2. Highest Education Level (*check one*): ☐ H.S. ☐ A.A. ☐ B.S. ☐ M.S.  
☐ GED ☐ B.A. ☐ M.A. ☐ Other \_\_\_\_\_

**Registration**

Type: ☐ Speech-Language Pathology Aide

☐ Audiology Aide

**Licensure/Registration**

Have you ever been licensed or registered in any state, territory or country? No ☐ Yes ☐ If yes, list all licenses registrations (current/not current) including Mississippi. ***All licenses registrations must be verified by the licensing authority - with board seal. (See Verification of Licensure Form.)***

1. _____	4. _____	7. _____	10. _____
2. _____	5. _____	8. _____	11. _____
3. _____	6. _____	9. _____	12. _____

Have you ever had a license or permit encumbered in any way, i.e., revoked, suspended, rejected, placed on probation, etc? No ☐ Yes ☐

Are there any criminal or civil suits pending against you? No ☐ Yes ☐

**Licensure** *(continued)*

Are you now addicted to or have you ever excessively used alcohol, narcotics, barbiturates or habit forming drugs? No ☐ Yes ☐

Have you ever been convicted of any violations of law (except minor traffic violations)? No ☐ Yes ☐

Have you ever been declared mentally incompetent by any court? No ☐ Yes ☐

Enclose a check or money order in the amount of \$50.00, made payable to the **Mississippi State Department of Health**.

\$ 50.00 Fee Enclosed

We, the undersigned, do solemnly swear or affirm that we are the above applicant and supervising licensee named in the above application. We have read the above application and the regulations pertaining to Speech Language Pathology/Audiology Aides. All statements contained therein or accompanying this application are true to the best of our knowledge and belief.

Subscribed to and sworn to before me this \_\_\_\_\_

day of \_\_\_\_\_ 19\_\_\_\_.

My commission expires

\_\_\_\_\_  
*(Signature of Applicant)*

\_\_\_\_\_  
*(Signature of Supervising Licensee)*

\_\_\_\_\_  
*(Notary Public)*

**Attach Photo**